

October 14, 2015

Chief, Multimedia Permits and Compliance Branch
Caribbean Environmental Protection Division
U.S. Environmental Protection Agency, Region 2
City View Plaza II, Suite 7000
48 RD. 165 Km. 1.2
Guaynabo, Puerto Rico 00968-8069

RE: Administrative Order on Consent Docket Number CWA-02-2015-3102 –
Compliance with AOC Section VII, ¶77 Q-3 Report

Dear Jose:

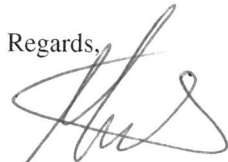
On March 18, 2015 AES Puerto Rico LP (“AES-PR”) and the United States Environmental Protection Agency (“EPA”) entered into the above referenced Administrative Order on Consent (“AOC”), under which AES-PR is obligated to comply with certain requirements (AOC Section VII, Ordered Provisions). All capitalized terms in this letter shall have the meaning as defined in the AOC.

Under AOC Section VII ¶77, Until Termination of this Order, Respondent shall prepare and submit Quarterly Progress Reports (QPR) that describe the current status and progress of Respondent’s actions taken to comply with the provisions of this Order.

In compliance with the new AOC requirement, AES-PR hereby submits the required QPR for Q-3 2015 as an attachment to this letter.

We respectfully ask EPA to advise AES-PR promptly, should the agency have any concerns with this submission. Should AES-PR not receive any timely comments from EPA, we will reasonably consider that EPA has agreed that AES-PR has satisfied this requirement of AOC Section VII, ¶77 in full. Should EPA require additional time to review and provide comments back to AES-PR, that review time is of course entirely beyond the control of AES-PR and should be added to the required time frame for AES-PR to comply with this requirement.

Regards,



Manuel Mata
President AES Puerto Rico
Attachments

Administrative Order on Consent
AES Puerto Rico Coal Fired Power Plant
Docket Number CWA-02-2015-3102
NPDES Tracking Number PRU020663

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."



Manuel Mata
President AES Puerto Rico

10/14/2015

Date

Quarterly Progress Report (QPR)

No. 3

**Administrative Compliance Order
AES-PR Coal Fired Power Plant
Docket Number CWA-02-2015-3102**

October 14, 2015

AES Puerto Rico, LP (AES-PR) is hereby submitting to the United States Protection Agency (USEPA) this Quarterly Progress Report (QPR) in accordance with Provision 77 of the Administrative Compliance Order (ACO), Docket Number CWA-02-2015-3102.

Milestones and Activities

This reporting period covers the actions taken from **July 1, 2015 to September 30, 2015**. During this reporting period AES-PR completed a number of actions towards meeting the Provisions of this ACO, including:

1- Ordered Provision 68 - Upon the Effective Date of this Order and for a period of one year, Respondent shall conduct benchmark monitoring and analyze samples according to Part 6.1.3 (measurable storm event), Part 6.1.4 (sample type), Part 6.1.5 (adverse weather condition), Part 6.1.7 (monitoring periods), Part 6.2.1.1 (applicability of benchmark monitoring), Part 6.2.1.2 (benchmark monitoring schedule), Part 8.O.7 (sector-specific benchmark for steam electric power generating facilities) and Part 8.Q.6 (sector-specific for water transportation) of the MSGP. Also, Respondent shall:

- a. monitor at least once at the permanent sampling points 001, 002, and 003 (SP-001, SP-002, and SP-003, respectively) in each of the following 3-month intervals: January 1 – March 31; April 1 – June 30; July 1 – September 30; and October 1 – December 31;**
- b. analyze the samples for total aluminum, total iron, total lead and total zinc;**
- c. document monitoring activities and laboratory reports for each sampling point; and**
- d. prepare MDMR forms within thirty (30) days of receiving the laboratory results. Respondent shall use the MDMR available at the EPA's web site at <http://water.epa.gov/polwaste/npdes/stormwater/>.**

AES-PR personnel monitored permanent sampling points 001, 002, and 003 during **July 1 – September 30, 2015**. Samples were analyzed for total aluminum, total iron, total lead and total zinc. Sample's laboratory reports for sampling point 001 and 003 were received on August 10, 2015. Report for sampling point 002 was received on August 21, 2015. Monitoring activities were documented and MDMR form for Q3 2015 was submitted to USEPA via electronic form on August 28, 2015 (**Attachment 1**).

- 2- **Ordered Provision 72** - Within sixty days (90) calendar days of the Effective Date of this Order, Respondent shall prepare and submit a detailed Plan of Action (POA), for EPA review and approval, and subsequent implementation by Respondent, which shall include at a minimum:
- a. a review and revision of the selection, design, installation, and implementation of Respondent's control measures in accordance with Part 3 of the MSGP;
 - b. a description of each action to be taken to comply with Part 3.2 (Conditions Requiring Review to Determine if Modifications Are Necessary) and Part 6.2.1.2 (Benchmark Monitoring Schedule) of the MSGP, which requires Respondent to review the selection, design, installation, and implementation of control measures to determine if modifications are necessary to meet the effluent limits in the MSGP. Specifically, Respondent shall perform this review for aluminum and iron; and
 - c. a plan for the minimization and control of dust (including fugitive dust) from coal combustion residuals and/or AgremaxTm at the Facility and during transport (hereinafter, the "Dust Control Plan"). The Dust Control Plan shall include site management procedures such as wetting the AgremaxTm storage pile at the Facility to ensure compliance with applicable MSGP requirements relating to dust control, and an implementation schedule.

The POA already submitted to EPA on June 8, 2015 was properly implemented and have been evaluated by the plant dust control site coordinators to assure compliance with

applicable MSGP. At this time no comments or actions have been required by EPA in reference to the submitted plan.

3- Additional Actions Taken

The mechanical truck sweeper ordered as part of the dust control plan implemented by AES-PR was placed in service on August 31, 2015 (**Attachment 2**). Visual inspections were conducted from samples taken in all plant stormwater outfalls for this reporting period. Inspection results were documented and kept in record with the stormwater pollution prevention plan (**Attachment 3**). Also, the comprehensive site inspection documentation and annual report for the 2015 period were completed and submitted as required in Part 4.3.2 and Part 7.2 of the MSGP 2008 (**Attachment 4**).

A Notice of Intent (NOI) was submitted to EPA in order to obtain coverage under the Multi-Sector General Permit that became effective on July 21, 2015. AES-PR submitted the NOI electronically on September 1, 2015. Authorization to discharge under the MSGP 2015 became effective on October 03, 2015. The following NPDES ID has been assigned to the NOI: **PRR053093**. A copy of the NOI and EPA responding letter is included in **Attachment 5** of this report.

4- Activities for Next Reporting Period

Continue conducting benchmark monitoring and analysis of samples as required in the AOC provision 68, and to continue in compliance with the CWA, its NPDES implementing regulations, the MSGP, and any NPDES permit.

Additional changes or modifications required by USEPA to any of the previously submitted documents, will be completed by AES-PR in accordance with the provisions of the ACO by their respective due dates.

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."



Manuel Mata
Plant Manager

ATTACHMENT 1



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved.
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- ☒ Submitting monitoring data (Fill in all Sections).
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: **PRR05BL65**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **AES PUERTO RICO**

2. Facility Location:

a. Street: **PR-03 KM 142.0 BO. JOBOS**

b. City: **GUAYAMA**

c. State: **PR** d. Zip Code: **00785**

3. Additional Facility Information (Optional):

Contact Name: **MANUEL MATA**

Email: **manuel.mata@aes.com**

Phone: **787-866-8117** Ext. **2233**

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: **HECTOR M AVILA**

Organization: **AES PUERTO RICO**

Email: **hector.avila@aes.com**

Phone: **787-866-8117** Ext. **2266**

C. Discharge Information

1. Identify monitoring period:

☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1 (April 1 – June 30)

☐ Quarter 1: From **01/01** To **03/31**

☐ Quarter 2 (July 1 – September 30)

☐ Quarter 2: From **04/01** To **06/30**

☐ Quarter 3 (October 1 – December 31)

☒ Quarter 3: From **07/01** To **09/30**

☐ Quarter 4 (January 1 – March 31)

☐ Quarter 4: From **10/01** To **12/31**

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☒ Yes (Complete line item 2 a.) ☐ No (Skip to Section D)

2a. What is the hardness level of the receiving water? **6800** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **03** List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☐ YES ☒ NO

2a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

| 3.A. Monitored Outfall Name* | 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)] | 3.C. No Discharge? |
|------------------------------|---|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

*Reference attachment if additional space needed to complete the table.



Form Approved. OMB No. 2040-0004

E. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Permit Tracking Number:

PRR05BL65

2. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

a, 2.b., & 2.c.)

☐

2.a. Duration of the rainfall event (hours):

2.b. Rainfall amount (inches):

009

2.c. Time since previous measurable storm event (days);

025

[illegible]

* (QBM) - Quarterly benchmark monitoring. (ELG) - Annual effluent limitations guidelines monitoring. (I) - State- or Tribal-specific monitoring. (O) - Other monitoring as required by EPA.

4. Comment and/or Explanation of Any Violations (Reference a attachments here)

F. Certification

Hector M. Avila

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent

Email of Principal Executive Officer or Authorized Agent:

Signature of Principal Executive Officer or Authorized Agent

Date _____

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit.

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/npdes/enoi. Filing electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail:

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, ATTN: MSGP Reports
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

Via Overnight/Express Delivery:

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Room 7420, ATTN: MSGP Reports
1201 Constitution Avenue, NW
Washington, D.C. 20004
Phone number: 202-564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document – EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNOI system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- **Submitting monitoring data:** For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- **Reporting no discharge for all outfalls for this monitoring period:** Indicates that there were no discharges from all outfalls during this monitoring period. If you select this reason you are only required to complete Sections A, B, C.1, D, and F.
- **Reporting that your site status has changed to inactive and unstaffed:** Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- **Reporting that your site status has changed from inactive to active:** Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- **Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit:** Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/npdes/noisearch).

Section B. Facility Information

1. Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npdes/noisearch) to view your NOI.
- 2.a-d. Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.
3. (Optional) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.
4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
2. If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete Question 2.a. and if you select "no" to this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall Information

1. Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
2. Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2.a. If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- 3.A. **Monitored Outfall Name:** List name(s) of outfall(s) you are required to monitor in Column 3.A.
- 3.B. **Substantially Identical Outfalls:** List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable).
- 3.C. **No Discharge:** Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C.1.

Example:

| 3.A. Monitored Outfall Name | 3.B. Substantially Identical Outfall | 3.C. No Discharge |
|-----------------------------|--------------------------------------|-------------------------------------|
| Outfall A | Outfall B; Outfall C | <input type="checkbox"/> |
| Outfall D | | <input checked="" type="checkbox"/> |

Reference attachment if additional space is needed to complete the Table Section D.

Section E. Monitoring Information

1. Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.
2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- 3.a. **Outfall Name:** Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3.b. **Monitoring Type:** Provide the type of monitoring using the specified codes, in parentheses, below:
 - (QBM) – Quarterly benchmark monitoring
 - (ELG) – Annual effluent limitations guidelines monitoring;
 - (S/T) – State- or Tribal-specific monitoring;
 - (I) – Impaired waters monitoring; or
 - (O) – Other monitoring as required by EPA.
- 3.c. **Parameter(s):** Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. **Quality or Concentration:** Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. **Units:** Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. **Results Description:** This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- 3.g. **Collection Date:** Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. **Exceedance due to natural background pollutant levels:** Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. **No further pollutant reductions achievable:** Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.

4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with "Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed and email of the "Principal Executive Officer or Authorized Agent." If you submit multiple pages of Section E monitoring data, each page must be appropriately signed and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements, and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or
For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address.



BECKTON ENVIRONMENTAL
LABORATORIES, INC.



REPORT OF ANALYSIS

ATTENTION: Mr. Héctor Ávila
COMPANY: AES Puerto Rico - Guayama

DATE: August 21, 2015

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1503234
SAMPLE COLLECTED BY: Client (H. Ávila)
DATE RECEIVED: 08/19/15

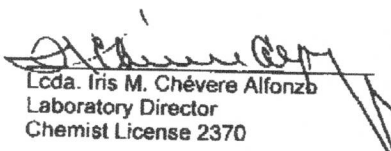
SAMPLE DATE: 08/16/15
TIME: 10:55AM

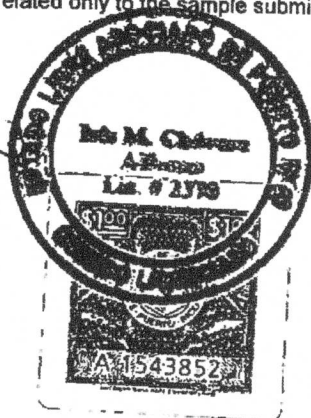
DESCRIPTION: Stormwater 002
LAB. FILE ID: 1503234
MATRIX: Water

| PARAMETER | EPA METHOD | SAMPLE TYPE | UNITS | BEL-1503234 RESULT | METHOD DETECTION LIMIT | ANALYST | DATE ANALYZED |
|-----------|-------------|-------------|-------|--------------------|------------------------|---------|---------------|
| Aluminum | 200.7(ICAP) | Grab | mg/L | 0.050 | 0.005 | BTR | 08/20/15 |
| Iron | 200.7(ICAP) | Grab | mg/L | 0.034 | 0.010 | BTR | 08/20/15 |
| Lead | 200.7(ICAP) | Grab | mg/L | 0.021 | 0.001 | BTR | 08/20/15 |
| Zinc | 200.7(ICAP) | Grab | mg/L | 0.009 | 0.001 | BTR | 08/20/15 |

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contained in the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample results related only to the sample submitted.


Lcda. Iris M. Chévere Alfonzo
Laboratory Director
Chemist License 2370



Attachment: Chain of Custody Records (1)

PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS.
REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES.
CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING
• CERTIFICATION NUMBER E87556 •
192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

BECKTON ENVIRONMENTAL LABORATORIES

192 Villa Street • Ponce, P.R. 00730-4875

Tel. 787-841-7373 • Fax 787-841-7313

REVISION 2009

CHAIN OF CUSTODY RECORD

| | | |
|---|----------------------------|------------------------------|
| PROJECT NO. | COMPANY AES Gma. | SAMPLER H. Avila |
| SAMPLE LOCATION/CLIENT ID Storm Water 002 | TIME 1055 AM | CONTROL NO. 177874 |
| SAMPLE DATE 8-16-15 | BEL. NO. 1503234 | |

| | | | |
|--------------------------------|----|--------------------------|----|
| 1. General Environmental: | PC | VSS | PC |
| Acidity () | — | Alkalinity () | — |
| Ammonia as N () | — | Bicarbonate () | — |
| BOD-5 () | — | Bromide () | — |
| Chloride () | — | Chlorine, Res () | — |
| COD () | — | Color (ADMI) () | — |
| Conductivity μ mhos/cm () | — | Color (Pt-Co) () | — |
| Dissolved Oxygen () | — | Cyanide () | — |
| Hardness () | — | Fluoride () | — |
| Moisture % () | — | Iodide () | — |
| Nitrite () | — | Nitrate () | — |
| Oil+Grease () | — | Nitrate + Nitrite () | — |
| Phenol () | — | pH, S.U. () | — |
| Phosphorus, Total () | — | Phosphate, Ortho () | — |
| Sett Solids mg/L () | — | Sett Solids mL/L () | — |
| Sulfate () | — | Solids, Total () | — |
| Sulfite () | — | Sulfide () | — |
| TDS () | — | Surfactant () | — |
| Temperature, $^{\circ}$ C () | — | TSS () | — |
| TOC () | — | TKN () | — |
| Asbestos () | — | Turbidity () | — |
| TVS () | — | Carbonate () | — |
| Total Nitrogen () | — | | |
| 2. Metals: | | | |
| Aluminum (Al) (X) 1.3 | | Cadmium (Cd) () | — |
| Chromium (Cr) () | — | Copper (Cu) () | — |
| Iron (Fe) (X) 1.3 | | Lead (Pb) (X) 1.3 | — |
| Manganese (Mn) () | — | Mercury (Hg) () | — |
| Nickel (Ni) () | — | Selenium (Se) () | — |
| Silver (Ag) () | — | Tin (Sn) () | — |
| Zinc (Zn) (X) 1.3 | | Arsenic (As) () | — |
| Barium (Ba) () | — | Boron (B) () | — |
| Antimony (Sb) () | — | Beryllium (Be) () | — |
| Bismuth (Bi) () | — | Calcium (Ca) () | — |
| Chromium, VI (CrVI) () | — | Cobalt (Co) () | — |
| Magnesium (Mg) () | — | Molybdenum (Mo) () | — |
| Potassium (K) () | — | Silicon (Si) () | — |
| Sodium (Na) () | — | Strontium (Sr) () | — |
| Thallium (Tl) () | — | Titanium (Ti) () | — |
| Vanadium (V) () | — | Lithium (Li) () | — |
| 3. RCRA/Hazardous wastes | | | |
| Ignitability (Flash Pt) () | — | Corrosivity () | — |
| Reactivity (CN & S) () | — | TCLP () | — |
| RCRA Metals () | — | Organics-Pest/Herb () | — |
| Organics-BNA () | — | Organics-VOA () | — |
| TOX () | — | | |
| 4. Specific Organics | | | |
| Volatiles () | — | Pheno's GC () | — |
| Pesticides/PCB's () | — | Semi-Volatiles (BNA) () | — |
| Herbicides () | — | PCB's Only () | — |
| BTEX () | — | TPH 418.1 () | — |
| TTO & Dioxin () | — | TTO () | — |
| | — | TPH 8015 () | — |
| | — | Lindane () | — |
| 5. Microbiology | | | |
| Fecal Coliform () | — | Total Coliform () | — |

Comments:

Sampling Witness:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Matrix

| | | |
|------------|-----------|------------|
| air () | water (X) | sludge () |
| liquid () | soil () | solid () |
| oil () | mixed () | other () |

Specify:

Preservative Codes = PC

- | | |
|-------------------------------------|----------------------------|
| 1. Cool, $<6^{\circ}$ C | 6. Sodium Hydroxide (NaOH) |
| 2. Sulfuric Acid (H_2SO_4) pH<2 | 7. Zinc Acetate |
| 3. Nitric Acid (HNO_3), pH<2 | 8. Ascorbic Acid |
| 4. Hydrochloric acid (HCl) | 9. FAS |
| 5. Sodium Thiosulfate | 10. Other |

Sample type legend:

| | |
|-------------------|----|
| grab samples | x |
| composite samples | xx |

Turnaround time: Sampling Equipment:

| | |
|------------|-----------------------|
| 1 day () | Automatic Sampler () |
| 2 days () | Sample Pick Up () |
| 3 days () | |
| 5 days (X) | rush |

Note: normal turnaround time is ten (10) working days;
additional charges apply for rush orders.

Original



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved.
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- ☒ Submitting monitoring data (Fill in all Sections).
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: **PRR05BL65**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **AES PUERTO RICO**

2. Facility Location:

a. Street: **PR-03 KM 142.0 BO. JOBOS**

b. City: **GUAYAMA**

c. State: **PR** d. Zip Code: **00785**

3. Additional Facility Information (Optional):

Contact Name: **MANUEL MATA**

Email: **manuel.mata@aes.com**

Phone: **787-866-8117** Ext. **2233**

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: **HECTOR M AVILA**

Organization: **AES PUERTO RICO**

Email: **hector.avila@aes.com**

Phone: **787-866-8117** Ext. **2266**

C. Discharge Information

1. Identify monitoring period:

☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1 (April 1 – June 30)

☐ Quarter 1: From **01/01** To **03/31**

☐ Quarter 2 (July 1 – September 30)

☐ Quarter 2: From **04/01** To **06/30**

☐ Quarter 3 (October 1 – December 31)

☒ Quarter 3: From **07/01** To **09/30**

☐ Quarter 4 (January 1 – March 31)

☐ Quarter 4: From **10/01** To **12/31**

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☒ Yes (Complete line item 2.a.) ☐ No (Skip to Section D)

2.a. What is the hardness level of the receiving water? **6800** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **03** List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☐ YES ☒ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

| 3.A. Monitored Outfall Name* | 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)] | 3.C. No Discharge? |
|------------------------------|---|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

*Reference attachment if additional space needed to complete the table.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved OMB No. 2040-0004

E. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Permit Tracking Number: **PRR05BL65**

2. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): **02** 2.b. Rainfall amount (inches): **0.03** 2.c. Time since previous measurable storm event (days): **009**

| 3.a. Outfall Name | 3.b. Monitoring Type (QBM, ELG, ST, I, O)* | 3.c. Parameter | 3.d. Quality or Concentration | 3.e. Units | 3.f. Results Description | 3.g. Collection Date | 3.h. Exceedance due to natural background pollutant levels | 3.i. No further pollutant reductions achievable? |
|-------------------|--|----------------|-------------------------------|------------|--------------------------|----------------------|--|--|
| 001 | QBM | Aluminum | 0.684 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 001 | QBM | Iron | 0.755 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 001 | QBM | Lead | 0.008 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 001 | QBM | Zinc | 0.161 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 003 | QBM | Aluminum | 0.405 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 003 | QBM | Iron | 0.452 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 003 | QBM | Lead | 0.017 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 003 | QBM | Zinc | 0.041 | mg/L | | 7/22/15 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (ST) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

F. Certification

Hector M. Avila

Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent

Email of Principal Executive Officer or Authorized Agent: **hector.avila@aes.com**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent

Date

8/20/15

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit.

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/npd/es/enoi. Filing electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail:

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, ATTN: MSGP Reports
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

Via Overnight/Express Delivery:

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Room 7420, ATTN: MSGP Reports
1201 Constitution Avenue, NW
Washington, D.C. 20004
Phone number: 202-564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document—EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNOI system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- **Submitting monitoring data:** For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- **Reporting no discharge for all outfalls for this monitoring period:** Indicates that there were no discharges from all outfalls during this monitoring period. If you select this reason you are only required to complete Sections A, B, C.1, D, and F.
- **Reporting that your site status has changed to inactive and unstaffed:** Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- **Reporting that you site status has changed from inactive to active:** Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- **Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit:** Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/npd/es/noisearch).

Section B. Facility Information

1. Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npd/es/noisearch) to view your NOI.
- 2.a-d. Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.
3. (Optional) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.
4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
2. If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete Question 2.a. and if you select "no" to this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall Information

1. Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
2. Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2.a. If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- 3.A. **Monitored Outfall Name:** List name(s) of outfall(s) you are required to monitor in Column 3.A.
- 3.B. **Substantially Identical Outfalls:** List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable).
- 3.C. **No Discharge:** Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C.1.

Example:

| 3.A Monitored Outfall Name | 3.B. Substantially Identical Outfall | 3.C. No Discharge |
|----------------------------|--------------------------------------|-------------------------------------|
| Outfall A | Outfall B; Outfall C | <input type="checkbox"/> |
| Outfall D | | <input checked="" type="checkbox"/> |

Reference attachment if additional space is needed to complete the Table Section D.

Section E. Monitoring Information

1. Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.
2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- 3.a. **Outfall Name:** Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3.b. **Monitoring Type:** Provide the type of monitoring using the specified codes, in parentheses, below:
 - (QBM) – Quarterly benchmark monitoring
 - (ELG) – Annual effluent limitations guidelines monitoring;
 - (S/T) – State- or Tribal-specific monitoring;
 - (I) – Impaired waters monitoring; or
 - (O) – Other monitoring as required by EPA.
- 3.c. **Parameter(s):** Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. **Quality or Concentration:** Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. **Units:** Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.
- 3.f. **Results Description:** This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- 3.g. **Collection Date:** Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. **Exceedance due to natural background pollutant levels:** Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. **No further pollutant reductions achievable:** Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.

4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with "Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed and email of the "Principal Executive Officer or Authorized Agent." If you submit multiple pages of Section E monitoring data, each page must be appropriately signed and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or
For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address.



BECKTON ENVIRONMENTAL
LABORATORIES, INC.



REPORT OF ANALYSIS

ATTENTION: Mr. Héctor Ávila
COMPANY: AES Puerto Rico - Guayama

DATE: July 30, 2015

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1502933

SAMPLE DATE: 07/22/15

DESCRIPTION: Stormwater 1

SAMPLE COLLECTED BY: Client (Héctor Ávila)

TIME: 6:30AM

LAB. FILE ID: 1502933

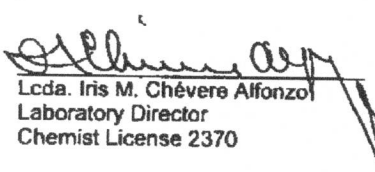
DATE RECEIVED: 07/22/15

MATRIX: Water

| PARAMETER | EPA METHOD | SAMPLE TYPE | UNITS | BEL-1502933 RESULT | METHOD DETECTION LIMIT | ANALYST | DATE ANALYZED |
|-----------|-------------|-------------|-------|--------------------|------------------------|---------|---------------|
| Aluminum | 200.7(ICAP) | Grab | mg/L | 0.884 | 0.005 | BTR | 07/27/15 |
| Iron | 200.7(ICAP) | Grab | mg/L | 0.755 | 0.010 | BTR | 07/27/15 |
| Lead | 200.7(ICAP) | Grab | mg/L | 0.008 | 0.001 | BTR | 07/27/15 |
| Zinc | 200.7(ICAP) | Grab | mg/L | 0.161 | 0.001 | BTR | 07/27/15 |

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contained in the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample results related only to the sample submitted.


Lcda. Iris M. Chévere Alfonzo
Laboratory Director
Chemist License 2370

Attachment: Chain of Custody Records (1)



PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS.
REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES.
CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING
• CERTIFICATION NUMBER E87556 •
192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

BECKTON ENVIRONMENTAL LABORATORIES

192 Villa Street • Ponce, P.R. 00730-4875

Tel. 787-841-7373 • Fax 787-841-7313

REVISION 2009

CHAIN OF CUSTODY RECORD

| | | |
|---------------------------|----------------------------|-----------------------------|
| PROJECT NO. | COMPANY <i>ABS Guayama</i> | SAMPLER <i>Hector Avila</i> |
| SAMPLE LOCATION/CLIENT ID | <i>Storm Water 1</i> | TIME <i>6:30 AM</i> |
| SAMPLE DATE | <i>7/22/15</i> | REL. NO. <i>1502933</i> |
| | | CONTROL NO. <i>183414</i> |

| | | | |
|--------------------------------|------------|-----------------------|------------|
| 1 General Environmental | PC | VSS | PC |
| Acidity () | — | Alkalinity () | — |
| Ammonia as N () | — | Bicarbonate () | — |
| BOD-5 () | — | Bromide () | — |
| Chloride () | — | Chlorine, Res. () | — |
| COD () | — | Color (ADMI) () | — |
| Conductivity μ mhos/cm () | — | Color (Pt-Co) () | — |
| Dissolved Oxygen () | — | Cyanide () | — |
| Hardness () | — | Fluoride () | — |
| Moisture % () | — | Iodide () | — |
| Nitrite () | — | Nitrate () | — |
| Oil+Grease () | — | Nitrate + Nitrite () | — |
| Phenol () | — | pH, S.U. () | — |
| Phosphorus, Total () | — | Phosphate, Ortho () | — |
| Sett Solids mg/L () | — | Sett Solids mL/L () | — |
| Sulfate () | — | Solids, Total () | — |
| Sulfite () | — | Sulfide () | — |
| TDS () | — | Surfactant () | — |
| Temperature, °C () | — | TSS () | — |
| TOC () | — | TKN () | — |
| Asbestos () | — | Turbidity () | — |
| TVS () | — | Carbonate () | — |
| Total Nitrogen () | — | | — |
| 2. Metals | | | |
| Aluminum (Al) <i>(X)</i> | <i>1.3</i> | Cadmium (Cd) () | — |
| Chromium (Cr) () | — | Copper (Cu) () | — |
| Iron (Fe) <i>(X)</i> | <i>1.3</i> | Lead (Pb) <i>(X)</i> | <i>1.3</i> |
| Manganese (Mn) () | — | Mercury (Hg) () | — |
| Nickel (Ni) () | — | Selenium (Se) () | — |
| Silver (Ag) () | — | Tin (Sn) () | — |
| Zinc (Zn) <i>(X)</i> | <i>1.3</i> | Arsenic (As) () | — |
| Barium (Ba) () | — | Boron (B) () | — |
| Antimony (Sb) () | — | Beryllium (Be) () | — |
| Bismuth (Bi) () | — | Calcium (Ca) () | — |
| Chromium, VI (CrVI) () | — | Cobalt (Co) () | — |
| Magnesium (Mg) () | — | Molybdenum (Mo) () | — |
| Potassium (K) () | — | Silicon (Si) () | — |
| Sodium (Na) () | — | Strontium (Sr) () | — |
| Thallium (Tl) () | — | Titanium (Ti) () | — |
| Vanadium (V) () | — | Lithium (Li) () | — |

3 RCRA/Hazardous wastes

| | | | |
|-----------------------------|---|------------------------|---|
| Ignitability (Flash Pt) () | — | Corrosivity () | — |
| Reactivity (CN & S) () | — | TCLP () | — |
| RCRA Metals () | — | Organics-Pest/Herb () | — |
| Organics-BNA () | — | Organics-VOA () | — |
| TOX () | — | | — |

4 Specific Organics

| | | | |
|----------------------|---|--------------------------|---|
| Volatiles () | — | Phenols GC () | — |
| Pesticides/PCB's () | — | Semi-Volatiles (BNA) () | — |
| Herbicides () | — | PCB's Only () | — |
| BTEX () | — | TPH 418.1 () | — |
| ITO & Dioxin () | — | ITO () | — |
| | — | TPH 8015 () | — |
| | — | Limdane () | — |

5. Microbiology

| | | | |
|--------------------|---|--------------------|---|
| Fecal Coliform () | — | Total Coliform () | — |
|--------------------|---|--------------------|---|

Comments:

Sampling Witness:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Matrix

| | | |
|------------|-----------|------------|
| air () | water (X) | sludge () |
| liquid () | soil () | solid () |
| oil () | mixed () | other () |

Specify:

Preservative Codes = PC

- | | |
|---|----------------------------|
| 1. Cool, <6°C | 6. Sodium Hydroxide (NaOH) |
| 2. Sulfuric Acid (H ₂ SO ₄) pH<2 | 7. Zinc Acetate |
| 3. Nitric Acid (HNO ₃) pH<2 | 8. Ascorbic Acid |
| 4. Hydrochloric acid (HCl) | 9. FAS |
| 5. Sodium Thiosulfate | 10. Other |

Sample type legend:

grab samples x
composite samples xx

Turnaround time: Sampling Equipment:

- | | |
|------------|-----------------------|
| 1 day () | Automatic Sampler () |
| 2 days () | Sample Pick Up (X) |
| 3 days () | |
| 5 days () | |

Note: normal turnaround time is ten (10) working days;
additional charges apply for rush orders.

ORIGINAL



BECKTON ENVIRONMENTAL
LABORATORIES, INC.



REPORT OF ANALYSIS

ATTENTION: Mr. Héctor Ávila
COMPANY: AES Puerto Rico - Guayama

DATE: July 30, 2015

CONTRACT: AES - Guayama

LAB. SAMPLE ID: BEL-1502934
SAMPLE COLLECTED BY: Client (Héctor Ávila)
DATE RECEIVED: 07/22/15

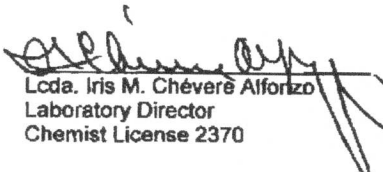
SAMPLE DATE: 07/22/15
TIME: 8:00AM

DESCRIPTION: Stormwater 3
LAB. FILE ID: 1502934
MATRIX: Water

| PARAMETER | EPA METHOD | SAMPLE TYPE | UNITS | BEL-1502934 RESULT | METHOD DETECTION LIMIT | ANALYST | DATE ANALYZED |
|-----------|-------------|-------------|-------|--------------------|------------------------|---------|---------------|
| Aluminum | 200.7(ICAP) | Grab | mg/L | 0.405 | 0.005 | BTR | 07/27/15 |
| Iron | 200.7(ICAP) | Grab | mg/L | 0.452 | 0.010 | BTR | 07/27/15 |
| Lead | 200.7(ICAP) | Grab | mg/L | 0.017 | 0.001 | BTR | 07/27/15 |
| Zinc | 200.7(ICAP) | Grab | mg/L | 0.041 | 0.001 | BTR | 07/27/15 |

Method Detection Limit (MDL)-The minimum concentration of a substance that can be measured and reported with 99% confidence that the value is above zero.

Certification and release of the data contained in the Report of Analysis has been authorized by the Laboratory Manager or the Manager's Designee. Sample results related only to the sample submitted.


Lcda. Iris M. Chéveré Alforizo
Laboratory Director
Chemist License 2370

Attachment: Chain of Custody Records (1)



PAGE 1 OF 1

THE NELAC CERTIFIED ANALYSES MEET ALL REQUIREMENTS OF NELAC STANDARDS.
REFER OUR SERVICE DEPARTMENT FOR THE CURRENT LIST OF CERTIFIED ANALYSES.
CERTIFIED BY THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES FOR ENVIRONMENTAL TESTING
• CERTIFICATION NUMBER E87556 •
192 VILLA STREET • PONCE, PR 00730-4875 • TEL. (787) 841-7373 • FAX (787) 841-7313

BECKTON ENVIRONMENTAL LABORATORIES

192 Villa Street • Ponce, P.R. 00730-4875

Tel. 787-841-7373 • Fax 787-841-7313

REVISION 2009

CHAIN OF CUSTODY RECORD

| | | | |
|---------------------------|---------------|--------------|---------|
| PROJECT NO. | COMPANY | SAMPLER | |
| | AES Guayama | Hector Avila | |
| SAMPLE LOCATION/CLIENT ID | Storm Water 3 | TIME | 8:00 AM |
| SAMPLE DATE | 7/22/15 | BEL NO. | 1502934 |
| | | CONTROL NO | |
| | | 182690 | |

1. General Environmental:

| | | | |
|--------------------------------|----|-----------------------|----|
| Acidity () | PC | VSS | PC |
| Ammonia as N () | — | Alkalinity () | — |
| BOD-5 () | — | Bicarbonate () | — |
| Chloride () | — | Bromide () | — |
| COD () | — | Chlorine, Res. () | — |
| Conductivity μ mhos/cm () | — | Color (ADMI) () | — |
| Dissolved Oxygen () | — | Color (Pt-Co) () | — |
| Hardness () | — | Cyanide () | — |
| Moisture % () | — | Fluoride () | — |
| Nitrite () | — | Iodide () | — |
| Oil+Grease () | — | Nitrate () | — |
| Phenol () | — | Nitrate + Nitrite () | — |
| Phosphorus, Total () | — | pH, S.U. () | — |
| Sett Solids mg/L () | — | Phosphate, Ortho () | — |
| Sulfate () | — | Sett Solids mL/L () | — |
| Sulfite () | — | Solids, Total () | — |
| TDS () | — | Sulfide () | — |
| Temperature, °C () | — | Surfactant () | — |
| TOC () | — | TSS () | — |
| Asbestos () | — | TKN () | — |
| TVS () | — | Turbidity () | — |
| Total Nitrogen () | — | Carbonate () | — |

2. Metals:

| | | | |
|-------------------------|---|---------------------|---|
| Aluminum (Al) () | — | Cadmium (Cd) () | — |
| Chromium (Cr) () | — | Copper (Cu) () | — |
| Iron (Fe) () | — | Lead (Pb) () | — |
| Manganese (Mn) () | — | Mercury (Hg) () | — |
| Nickel (Ni) () | — | Selenium (Se) () | — |
| Silver (Ag) () | — | Tin (Sn) () | — |
| Zinc (Zn) () | — | Arsenic (As) () | — |
| Barium (Ba) () | — | Boron (B) () | — |
| Antimony (Sb) () | — | Beryllium (Be) () | — |
| Bismuth (Bi) () | — | Calcium (Ca) () | — |
| Chromium, VI (CrVI) () | — | Cobalt (Co) () | — |
| Magnesium (Mg) () | — | Molybdenum (Mo) () | — |
| Potassium (K) () | — | Silicon (Si) () | — |
| Sodium (Na) () | — | Strontium (Sr) () | — |
| Thallium (Tl) () | — | Titanium (Ti) () | — |
| Vanadium (V) () | — | Lithium (Li) () | — |

3. RCRA/Hazardous wastes

| | | | |
|------------------------------|---|------------------------|---|
| Ignitability (Flash Pt.) () | — | Corrosivity () | — |
| Reactivity (CN & S) () | — | TCLP () | — |
| RCRA Metals () | — | Organics-Pest/Herb () | — |
| Organics-BNA () | — | Organics-VOA () | — |
| TOX () | — | | — |

4. Specific Organics

| | | | |
|----------------------|---|--------------------------|---|
| Volatiles () | — | Phenols GC () | — |
| Pesticides/PCB's () | — | Semi-Volatiles (BNA) () | — |
| Herbicides () | — | PCB's Only () | — |
| BTEX () | — | TPH 418.1 () | — |
| TTO & Dioxin () | — | TTO () | — |
| | — | TPH 8015 () | — |
| | — | Lindane () | — |

5. Microbiology

| | | | |
|--------------------|---|--------------------|---|
| Fecal Coliform () | — | Total Coliform () | — |
|--------------------|---|--------------------|---|

Comments:

Sampling Witness:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Matrix

| | | |
|------------|-----------|------------|
| air () | water () | sludge () |
| liquid () | soil () | solid () |
| oil () | mixed () | other () |

Specify:

Preservative Codes = PC

- | | |
|-------------------------------------|----------------------------|
| 1. Cool, <6°C | 6. Sodium Hydroxide (NaOH) |
| 2. Sulfuric Acid (H_2SO_4) pH<2 | 7. Zinc Acetate |
| 3. Nitric Acid (HNO_3) pH<2 | 8. Ascorbic Acid |
| 4. Hydrochloric acid (HCl) | 9. FAS |
| 5. Sodium Thiosulfate | 10. Other |

Sample type legend:

| | |
|-------------------|----|
| grab samples | x |
| composite samples | xx |

Turnaround time: Sampling Equipment:

| | |
|------------|-----------------------|
| 1 day () | Automatic Sampler () |
| 2 days () | Sample Pick Up () |
| 3 days () | |
| 5 days () | |

Note: normal turnaround time is ten (10) working days;
additional charges apply for rush orders.

ORIGINAL

ATTACHMENT 2

Quarterly Progress Report (QPR) No. 3
Administrative Compliance Order
AES-PR Coal Fired Power Plant
Docket Number CWA-02-2015-3102



ATTACHMENT 3



AES Puerto Rico, LP
Storm Water Pollution Prevention Plan

MSGP Quarterly Visual Assessment Form

Worksheet No. 6

(Complete a separate form for each outfall you assess)

Name of Facility: AES PR

NPDES Tracking No.
PRR65BL05

Outfall Name: 001 "Substantially Identical Outfall"? ☒ No ☐ Yes

Person(s)/Title(s) collecting sample:

Person(s)/Title(s) examining sample: Pedro E. Labayen / Stormwater Compliance Coordinator

Date & Time Discharge Began: 7/22/15 6:20am Date & Time Sample Collected: 7/22/15 6:30am Date & Time Sample Examined: 7/22/15 7:30am
Note: Samples must be examined within an hour.

Substitute Sample? ☒ No ☐ Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: ☒ Rainfall ☐ Snowmelt

If rainfall: Rainfall Amount: 0.29 inches Previous Storm Ended > 72 hours ☒ Yes ☐ No* (explain):
Before Start of This Storm?

Parameter

Color ☒ None ☐ Other (describe):

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other

Floating Solids ☒ No ☐ Yes (describe):

Settled Solids** ☒ No ☐ Yes

Suspended Solids ☒ No ☐ Yes (describe):

foam (gently shake sample) ☒ No ☐ Yes (describe):

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick
☐ Other (describe):

Other Obvious Indicators of Stormwater Pollution ☒ No ☐ Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). A temporary stone entrance was installed at the truck plant entrance, as an immediate action. A permanent stabilized stone entrance will be design and constructed to reduce the vehicle tracking of solids onto the facility.

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: Héctor M. Ávila

B. Title: Senior Environmental Coordinator

C. Signature:

D. Date Signed: 7/22/15

MSGP Quarterly Visual Assessment Form

Worksheet No. 6

(Complete a separate form for each outfall you assess)

Name of Facility: AES PR

NPDES Tracking No.
PRR65BL05

Outfall Name: 002 "Substantially Identical Outfall"? ☒ No ☐ Yes

Person(s)/Title(s) collecting sample:

Person(s)/Title(s) examining sample: Hector M Avila / Senior Environmental Coordinator

Date & Time Discharge Began: 8/16/15 10:45am Date & Time Sample Collected: 8/16/15 10:55am Date & Time Sample Examined: 8/16/15 11:00am
Note: Samples must be examined within an hour.

Substitute Sample? ☒ No ☐ Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: ☒ Rainfall ☐ Snowmelt

If rainfall: Rainfall Amount: 0.99 inches Previous Storm Ended > 72 hours ☒ Yes ☐ No* (explain):
Before Start of This Storm?

Parameter

Color ☒ None ☐ Other (describe):

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other

Floating Solids ☒ No ☐ Yes (describe):

Settled Solids** ☐ No ☒ Yes

Suspended Solids ☒ No ☐ Yes (describe):

oam (gently shake sample) ☒ No ☐ Yes (describe):

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick
☐ Other (describe):

Other Obvious Indicators of Stormwater Pollution ☒ No ☐ Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). A temporary stone entrance was installed at the truck plant entrance, as an immediate action. A permanent stabilized stone entrance will be design and constructed to reduce the vehicle tracking of solids onto the facility.

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: Héctor M. Ávila

B. Title: Senior Environmental Coordinator

C. Signature: 

D. Date Signed: 8/16/15



MSGP Quarterly Visual Assessment Form

Worksheet No. 6

(Complete a separate form for each outfall you assess)

Name of Facility: AES PR

NPDES Tracking No.
PRR65BL05

Outfall Name: 003 "Substantially Identical Outfall"? ☒ No ☐ Yes

Person(s)/Title(s) collecting sample: Hector M Avila / Senior Environmental Coordinator

Person(s)/Title(s) examining sample: Hector M Avila / Senior Environmental Coordinator

Date & Time Discharge Began: 7/22/15 7:35am Date & Time Sample Collected: 7/22/15 8:00am Date & Time Sample Examined: 8/16/15 8:35am
Note: Samples must be examined within an hour.

Substitute Sample? ☒ No ☐ Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: ☒ Rainfall ☐ Snowmelt

If rainfall: Rainfall Amount: 0.29 inches Previous Storm Ended > 72 hours ☒ Yes ☐ No* (explain):
Before Start of This Storm?

Parameter

Color ☒ None ☐ Other (describe):

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other

Floating Solids ☒ No ☐ Yes (describe):

Settled Solids** ☒ No ☐ Yes

Suspended Solids ☒ No ☐ Yes (describe):

Jam (gently shake sample) ☒ No ☐ Yes (describe):

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick
☐ Other (describe):

Other Obvious Indicators of Stormwater Pollution ☒ No ☐ Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). A temporary stone entrance was installed at the truck plant entrance, as an immediate action. A permanent stabilized stone entrance will be design and constructed to reduce the vehicle tracking of solids onto the facility.

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: Héctor M. Ávila

B. Title: Senior Environmental Coordinator

C. Signature:

D. Date Signed: 7/22/15

ATTACHMENT 4

Storm Water Industrial Routine Facility Inspection Report

Worksheet No. 5

| General Information | | | |
|--|-----------------------------------|----------------|-------------------|
| Facility Name | AES Puerto Rico, L.P. | | |
| NPDES Tracking No. | PRR05BL65 | | |
| Date of Inspection | August 31, 2015 | Start/End Time | 2:00 pm / 4:00 pm |
| Inspector's Name(s) | Pedro E. Labayen | | |
| Inspector's Title(s) | Stormwater Compliance Coordinator | | |
| Inspector's Contact Information | (787) 866-8117 ext. 2215 | | |
| Inspector's Qualifications | Environmental Engineer | | |
| Weather Information | | | |
| Weather at time of this inspection? | | | |
| <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____ Temperature: 88°F | | | |
| Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____ | | | |
| Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____ | | | |

Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

| | Structural Control Measure | Control Measure is Operating Effectively? | If No, In Need of Maintenance, Repair, or Replacement? | Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement) |
|---|------------------------------------|---|--|---|
| 1 | Water Treatment Berm | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 2 | Coal Pile Run-off Sediment trap | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 3 | Limestone Dome | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 4 | Agremax Pile Gabion Wall | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 5 | Oil Separator Heavy Equipment Shop | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement | A new water pump was installed at the oil water separator for proper operation of the system. |
| 6 | Fuel Oil Secondary Containment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 7 | Oil Drum Storage Shed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |

| | Structural Control Measure | Control Measure is Operating Effectively? | If No, In Need of Maintenance, Repair, or Replacement? | Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement) |
|----|--|---|---|---|
| 8 | Soda Ash Secondary Containment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 9 | Acid/Caustic Secondary Containment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | The secondary containment epoxy paint should be scheduled to be retouched in some areas. |
| 10 | Marine Dock Wash Holding Tank | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 11 | Wheel Washer | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 12 | Roll up cover for waste dumpsters | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | New roll up covers were installed in the recycling and domestic waste containers. |
| 13 | Reinforced silt fence | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | Reinforced silt fence membrane was replaced as needed. |
| 14 | Catch basin inlet protection | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | Catch basin drain guards were replaced. The guards were properly installed at designated storm water inlets. |
| 15 | Cooling tower containment structure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 16 | Unpaved road stabilization | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 17 | CDS/ESP containment area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 18 | Dust suppression system for Agremax | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 19 | Dust suppression system for truck unloading area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 20 | Limestone silo secondary containment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 21 | Coal transfer dust suppression system | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 22 | Coal conveyor cover | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 23 | Water Truck | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 24 | Mechanical sweeper | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | The sweeper recently purchased by AES-PR was placed in operation. A designated person was trained on the proper use of the equipment. |

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

| | Area/Activity | Inspected? | Controls Adequate (appropriate, effective, and operating)? | Corrective Action Needed and Notes |
|----|--|--|---|------------------------------------|
| 1 | Material loading/unloading and storage areas (Agremax, Limestone, Coal Storages) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Heavy Equipment operations and maintenance areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Fueling areas (Heavy Equipment Fueling and Storage Tank Unloading) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Outdoor vehicle and equipment washing areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Waste handling and disposal areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Erodible (Coal Pile, Agremax Pile) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Non-stormwater/ illicit connections | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | No illicit connections were found. |
| 8 | Dust generation and vehicle tracking | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Water Treatment Area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Power Block Area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11 | Administration Building Area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12 | 2 MG and 18 MG Pond Area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13 | Marine Dock Area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14 | Stormwater Sample Point #001 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15 | Stormwater Sample Point #002 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | Area/Activity | Inspected? | Controls Adequate (appropriate, effective, and operating)? | Corrective Action Needed and Notes |
|----|---------------------------------------|--|---|------------------------------------|
| 16 | Stormwater Sample Point #003 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17 | Run-on storm water conveyance system | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18 | Run-off Storm Water conveyance system | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19 | Process water conveyance system | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

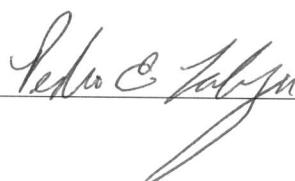
Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: Pedro E. Labryn / SW Compliance Coordinator

Signature:  Date: Sep 1, 2015

P R R 0 5 B L 6 5

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: A E S P U E R T O R I C O L P

2. NPDES Permit Tracking No.: P R R 0 5 B L 6 5

3. Facility Physical Address:

a. Street: K M 1 4 2 S T A T E R O A D P R - 3

b. City: G U A Y A M A

c. State: P R d. Zip Code: 0 0 7 8 4 -

4. Lead Inspectors Name: H E C T O R M A V I L A

Title: E N V I R O N M E N T A L C O O R D

Additional Inspectors Name(s): P E D R O E. L A B A Y E N

C O M P L I A N C E C O O R D

5. Contact Person: H E C T O R M A V I L A

Title: E N V I R O N M E N T A L C O O R D

Phone: 7 8 7 - 8 6 6 - 8 1 1 7 Ext. 2 2 6 6 E-mail: h e c t o r . a v i l a @ a e s . c o m

6. Inspection Date: 0 8 / 3 1 / 2 0 1 5

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Stormwater monitoring data were reviewed (**Attachment 1**) and did not result in identification of additional pollutant hot spots.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

| | |
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| 0 | 3 |
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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 1:

1. Brief Description:

Material loading/unloading and storage areas (Agremax, Limestone, Coal Storage).

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised control measures necessary in this area? ☒ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

A dust control plan for the CCP and Agremax storage areas was requested by EPA-CEPD under Administrative Order on Consent Docket Number CWA-02-2015-3102.

INDUSTRIAL ACTIVITY AREA 2:

1. Brief Description:

Heavy equipment operations and maintenance areas.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 3:

Brief Description:

Fueling areas (Heavy Equipment Fueling and Storage Tank Unloading)

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 4:

1. Brief Description:

Outdoor vehicle and equipment washing areas.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 5:

1. Brief Description:

Waste handling and disposal areas.

2. Are any control measures in need of maintenance or repair? ☒ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Solid waste and recycling containers covers were under repair. New container covers were purchased and installed in order to minimize exposure to rain. As an immediate action, containers were temporary located in a non-stormwater discharge drainage area.

INDUSTRIAL ACTIVITY AREA 6:

Brief Description:

Access roads, dust generation and vehicle tracking areas.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

A dust control plan was developed for the CCP and Agremax storage areas. The plan includes vehicle traffic areas with the potential for vehicle tracking.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 7:

1. Brief Description:

Water Treatment Area.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 8:

1. Brief Description:

Power Block Area.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 9:

Brief Description:

2 MG and 18 MG Pond Area.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

A seal problem in one of the pumps that supply water to the cooling towers was causing a small leakage at the wastewater (18 MM pond) pump station area. The leakage was contained in a diked area to prevent access to storm water drainage.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 10:

1. Brief Description:

Marine Dock Area

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 11:

1. Brief Description:

CDS/ESP Area

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA ____:

Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 01 of 03 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☒ Other (describe): Seal leak

4. Briefly describe the nature of the problem identified:

A seal problem in one of the pumps that supply water to the cooling towers was causing a small leakage at the wastewater (18 MM pond) pump station area.

5. Date problem identified: 06 / 22 / 2015

6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☒ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The leakage was contained in a diked area to prevent access to storm water drainage. A work order was immediately generated to replace the pump seals, repair the pump drainage system and correct the problem.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 22 / 2015

10. Date correction action completed: 08 / 06 / 2015 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 02 of 03 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☒ Other (describe): Consent order

4. Briefly describe the nature of the problem identified:

A dust control plan for the CCP and Agremax storage areas was requested by EPA-CEPD under Administrative Order on Consent Docket Number CWA-02-2015-3102.

5. Date problem identified: 01 / 28 / 2015

6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☒ Other (describe): Consent order

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

AES-PR has developed and implemented a Dust Control Plan for the minimization and control of dust from the coal combustion residuals and Agremax handling activities at the site. A new industrial sweeper was purchased to minimize the off-site tracking of materials.

8. Did/will this corrective action require modification of your SWPPP? ☒ YES ☐ NO

9. Date corrective action initiated: 03 / 23 / 2015

10. Date correction action completed: 06 / 08 / 2015 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #

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 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☒ Other (describe): BMP replacement

4. Briefly describe the nature of the problem identified:

Solid waste and recycling containers covers were under repair.

5. Date problem identified:

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6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☒ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

As an immediate action, containers were temporary located in a non-stormwater discharge drainage area. New roll-off container covers were purchased by AES-PR and were properly installed in each solid waste and recycling container to minimize exposure to rain.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated:

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10. Date correction action completed:

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11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

P R R 0 5 B L 6 5

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

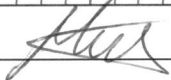
Authorized Representative
Printed Name:

M A N U E L M A T A

Title:

P L A N T M A N A G E R

Signature: _____



Date Signed: _____

10/14/2015

| | | | | | | | | |
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ATTACHMENT 1

AES Puerto Rico
Discharge Monitoring Reports
Year 2015

| Quarter | Period | Outfall 001 | | | | Outfall 002 | | | | Outfall 003 | | | |
|--------------------------------|--------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | | Total Fe (mg/l) | Total Al (mg/l) | Total Pb (mg/l) | Total Zn (mg/l) | Total Fe (mg/l) | Total Al (mg/l) | Total Pb (mg/l) | Total Zn (mg/l) | Total Fe (mg/l) | Total Al (mg/l) | Total Pb (mg/l) | Total Zn (mg/l) |
| 1 | ENE-MAR 2015 | 0.344 | 0.568 | 0.002 | 0.124 | 0.272 | 0.947 | 0.004 | 0.006 | 0.396 | 0.912 | 0.007 | 0.009 |
| 2 | ABR-JUN 2015 | 0.332 | 0.463 | 0.01 | 0.079 | 0.344 | 0.448 | 0.027 | 0.011 | ND | ND | ND | ND |
| 3 | JUL-SEP 2015 | 0.755 | 0.684 | 0.008 | 0.161 | 0.034 | 0.05 | 0.021 | 0.009 | 0.452 | 0.405 | 0.017 | 0.041 |
| 4 | OCT-DEC 2015 | | | | | | | | | | | | |
| Quarterly AVERAGE | | 0.477 | 0.572 | 0.007 | 0.121 | 0.217 | 0.482 | 0.017 | 0.009 | 0.424 | 0.659 | 0.012 | 0.025 |
| Benchmark Concentration | | 1.0 | 0.75 | 0.262 | 0.260 | 1.0 | 0.75 | 0.262 | 0.260 | 1.0 | 0.75 | 0.262 | 0.260 |

ND = No Discharge

ATTACHMENT 5

Pedro Labayen

From: NeT@epa.gov
Sent: Saturday, October 03, 2015 7:34 PM
To: Manuel Mata
Cc: Pedro Labayen; lee.won@epa.gov; bosques.sergio@epa.gov; lescure.nasrin@epa.gov; emily@avanticorporation.com; farris.erika@epa.gov; Christiane@avanticorporation.com; bius.catherine@epa.gov
Subject: EPA Multi-Sector General Permit (MSGP) Authorization is Active – AES Puerto Rico, L.P., NPDES ID: PRR053093, NeT Submission ID: MSGP-2851
Attachments: AcceptedNewNOIReceipt.pdf

2015-10-03

Your Notice of Intent (NOI) requesting coverage for AES Puerto Rico, L.P., Road #3 km. 142 Jobos Ward Guayama PR 00784 under EPA's Multi-Sector General Permit (MSGP) has been accepted and authorization to discharge under the MSGP became effective at the conclusion of your 30-day waiting period, on 2015-10-03.

For tracking purposes, the following NPDES ID has been assigned to your NOI: PRR053093. Attached to this email, you will find a copy of your completed NOI form. To access your NOI in NeT, please visit: https://cdx.epa.gov/epa_home.asp.

As you know, the MSGP requires you to have developed a Stormwater Pollution Prevention Plan (SWPPP) prior to submitting your NOI. The MSGP also includes specific requirements for implementing control measures (e.g., minimize exposure, good housekeeping, maintenance, spill prevention and response), conducting self-inspections and visual assessments of your discharges, taking corrective actions, and conducting staff training. You must comply with any specific requirements applicable to your industrial sector(s) in Part 8 and any state/tribal-specific requirements in Part 9 (see <http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm>). You are also required to submit an Annual Report in accordance with Part 7.5 of the MSGP that will contain the results from your past year's routine facility inspections, quarterly visual assessments, and corrective actions. Annual Reports must be submitted to EPA through NeT.

The MSGP includes five types of required analytical monitoring, one or more of which may apply to your discharge:

- Quarterly benchmark monitoring (see Part 6.2.1 and Part 8);
- Annual effluent limitations guidelines monitoring (see Part 6.2.2 and Part 8);
- State- or tribal-specific monitoring (see Part 6.2.3 and Part 9);
- Impaired waters monitoring (see Part 6.2.4); and
- Other monitoring as required by EPA (see Part 6.2.5).

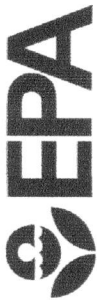
Monitoring requirements in the MSGP (i.e., parameters required to be monitored and sample frequency) will be prepopulated on your electronic Discharge Monitoring Report (DMR) in EPA's NetDMR system, which is accessed at <http://www.epa.gov/netdmr/>. Where you have determined that no monitoring requirements apply to your discharge, there is no need to access the NetDMR system. In order to obtain access to this system, you must complete the electronic signature process. Please refer to the following guidance for information about submitting monitoring reports through NetDMR: <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>.

Please note that this email does not represent a determination by EPA regarding the validity of the information you provided in your NOI. Your eligibility for coverage under this permit is based on the validity of the certification you provided. Your electronic signature on the NOI form certifies that you have read, understood, and are implementing all of the applicable requirements. An important aspect of this certification requires that you have correctly determined whether you are eligible for coverage under this permit.

The 2014 MSGP and additional guidance are available at:

<http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm>. Please contact your EPA Regional permitting authority at lee.won@epa.gov; bosques.sergio@epa.gov; lescure.nasrin@epa.gov; emily@avanticorporation.com; farris.erika@epa.gov; Christiane@avanticorporation.com; bius.catherine@epa.gov for more information.

This is an automated response; please do not reply to this email.



2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency
1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer.

Permit Information

1. What action would you like to take? *

File a New Notice of Intent Form

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage.

Operator Name (Organization Name) *

AES PUERTO RICO, LP

Operator Name as Noted by the NOI Preparer

AES Puerto Rico, L.P.

2. Select the state/territory where your facility is located *

PR

3. Is your facility located on Indian Country lands? *

☐ Yes

☒ No

4. Are you requesting coverage as a "federal operator" as defined in Appendix A? *

☐ Yes

☒ No

5. Are you a new discharger or a new source as defined in Appendix A? *

☐ Yes ☒ No

5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? *

☒ Yes ☐ No

5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit *

PRR05BL65

6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding Natural Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. *

☐ Yes ☒ No

7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. *

☐ Yes ☒ No

8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? *

☒ Yes ☐ No

9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plan or during an inspection). If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. *

☒ Yes ☐ No

10. Master Permit Number

PRR050000

A: Facility Operator Information

1. Operator Name (Organization Name) *

AES PUERTO RICO, LP

2. Street *

Road #3 km. 142 Jobos Ward

3. Supplemental Address

4. City *

Guayama

5. State *

PR

6. Zip Code *

00784

7. Facility County or Similar Govt. Subdivision *

Guayama

8. Phone (10-digits, No dashes) *

7878668117

9. Extension

10. E-Mail *

manuel.mata@aes.com

Operator point of contact information

11. First Name *

Manuel

12. Middle Initial

13. Last Name *

Mata

14. Professional Title *

Plant Manager

B: Facility Information

1. Facility Name *

AES Puerto Rico, L.P.

☒ Facility address same as facility operator address

2. Street/Location *

Road #3 km. 142 Jobos Ward

3. Supplemental Address

4. City *

Guayama

5. State *

PR

6. Zip Code *

00784

7. Facility County or Similar Govt. Subdivision *

Guayama

Latitude/Longitude for the facility:

8. Latitude (Decimal Degrees) *

+ 17.945983

9. Longitude (Decimal Degrees) *

- 66.151387

10. Latitude/Longitude Data Source *

Other

11. Horizontal Reference Datum

NAD83

12. What is the ownership type of the facility *

Corporation

13. Estimated area of industrial activity at your facility exposed to stormwater (to the nearest quarter acre) *

78

Identify the applicable sector and subsector of your primary industrial activity (See Appendix D) that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code:

15. Sector *

SECTOR O: STEAM ELECTRIC GENERATING FACILITIES

16. Activity Code *

SE: Steam Electric Generating Facilities, including coal handling sites

17. Subsector

O1: Steam Electric Generating Facilities, including coal handling sites

18. Identify the applicable sector(s) of any co-located industrial activity for which you are requesting permit coverage.

Sector

Subsector *

SECTOR Q: WATER TRANSPORTATION

Q1: Water Transportation Facilities

Add Sector

22. Is your facility presently inactive and unstaffed? *

☐ Yes

☒ No

C: Discharge Information

1. Does your facility discharge into any saltwater receiving waters? *

☒ Yes

☐ No

3. Identify if the following Effluent Limitation Guideline(s) apply to any of your discharges

☐ Yes☒ No**Outfalls**

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

001

B. Latitude (Decimal Degrees) *

17.9369

C. Longitude (Decimal Degrees) *

66.1591

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

Las Mareas Harbor

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒ Yes☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

OIL AND GREASE

Pollutant *

Oil & Grease

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

TEMPERATURE

Pollutant *

Temperature, water deg. centigrade

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

TURBIDITY

Pollutant *

Turbidity

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

PH/ACIDITY/CAUSTIC CONDITIONS

Pollutant *

pH

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☐ Yes ☒ No

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

002

B. Latitude (Decimal Degrees) *

+

17.9431

C. Longitude (Decimal Degrees) *

-

66.1492

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

☐ Yes ☒ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

Wetland

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☐ Yes ☒ No

3. Has a TMDL been completed for this receiving waterbody? *

☐ Yes ☒ No

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

003

B. Latitude (Decimal Degrees) *

+

17.9454

C. Longitude (Decimal Degrees) *

-

66.1538

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

☐ Yes ☒ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

Wetland

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☐ Yes ☒ No

3. Has a TMDL been completed for this receiving waterbody? *

☐ Yes ☒ No

Add Another Outfall

Provide the following information about your outfall latitude longitude.

5. Latitude/Longitude Data Source *

GPS

6. Horizontal Reference Datum

NAD83

7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? *

☐ Yes ☒ No

8. Do you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) (See Appendix L)? *

☐ Yes ☒ No

D: Stormwater Pollution Prevention Plan (SWPPP) Information

SWPPP Contact Information

1. First Name *

Pedro

2. Middle Initial

E

3. Last Name *

Labayen

4. Professional Title *

Storm Water Compliance Coordinator

5. Phone (10-digits, No dashes) *

7878668117

6. Extension

7. E-Mail *

pedro.labayen@aes.com

8. Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information. *

Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

☐ Option 1: Maintain a Current Copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

☒ Option 2: Provide the following information from your SWPPP.

A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning, cutting steel beams), and potential spill and leak areas. *

AES Puerto Rico (AES-PR) is a bituminous coal-fueled power plant that generates and sells electricity to the Puerto Rico Electric Power Authority (PREPA) with a total power generation capacity of 454 Megawatts (MW); this represents approximately 15% of the electricity consumed on the island. AES-PR also produces steam and a manufactured aggregate known as Agremax.

The main components of the power plant facility are two coal-fired circulating bed boilers and steam turbine units; air emissions control systems, a wet cooling tower, a water reuse and treatment system, and coal / limestone / ash storage and handling systems. The operations of AES-PR marine dock are limited to bulk coal, limestone and manufactured aggregate handling operations and do not include vessel maintenance,

equipment cleaning operations or material storage.

Bulk coal and limestone are delivered by marine vessel to the dock facility at the Las Mareas Harbor and transferred by a covered overland conveyor system to the power plant stockpiles area. Limestone can also be delivered by truck. Fly ash is removed from the facility by dry bulk tank trailers. Manufactured aggregate is transferred by overland covered conveyor systems from the power plant to the dock facility and loaded into ocean vessels for marine transportation or removed from the facility by dump trucks. The marine dock receives approximately four coal shipments per month and four limestone shipments per year for the energy production operations. Manufactured aggregate is shipped off-site at least once per year.

All other plant consumables such as diesel fuel, oils, sulfuric acid, sodium hydroxide, lime, soda ash and urea are delivered by truck and stored in tanks or containers located within secondary containment areas.

The areas of the facility where potential significant spills and leaks could contribute pollutants to the site's storm water includes the water treatment chemical storage areas, heavy equipment maintenance area, boiler / turbine lube oil tanks and reservoirs, electrical switchyard, oil drum storage shed, fuel unloading and storage area, urea storage tanks and air pollution control chemicals storage area.

B. List the pollutant(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and/or in any authorized non-stormwater discharges listed in Part 1.1.3.*

The main pollutants that could be discharged through the existing storm water system are: suspended solids, pH, metals, herbicides, fecal coliforms, nutrients and hydrocarbons.

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4.1). *

Exposure Minimization

- Coal, limestone and manufactured aggregate are transported in covered conveyors. Limestone is stockpiled indoors; Oil drums are stored indoors; Heavy equipment and vehicle maintenance is performed under cover; Grading, berming, or curving in process and material storage areas; Spills and leaks are promptly cleaned using dry methods; Drip pans and absorbents are placed under or around leaky vehicles and equipment. All waste storage containers exposed to storm water will be covered with lids or rollup covers. Zero Liquid Discharge salts waste containers will be placed inside secondary containment at all times. Clarifier sludge waste containers will be placed inside secondary containment at all times. Limestone silos are contained within a dike to prevent that materials gain access to storm water drains. CDS/ESP equipment is contained within a dike to avoid material gain access to storm water drains. All equipment and materials stored outside will be covered with a storm resisting covering. Chemicals containers/totes will be stored indoors or in secondary containment.

Good Housekeeping

All areas that are potential sources of pollutants will be kept clean using measures such as sweeping at regular intervals, keeping materials in order and labeled, and storing materials in appropriate containers. Some additional procedures specific to the industrial sectors of the facility will include:

- Control of fugitive dust emissions from coal handling areas and reduction of tracking of coal dust through the use of covered conveyors and washing the tires of vehicles in designated facilities before they leave the stockpile area; Inspecting arriving delivery vehicles to ensure the overall integrity of the body or container and that they are not leaking; Containment curbs at fuel and chemical loading and unloading areas to contain spills; Impact, spill and overflow protection for above-ground liquid storage tanks; Spill Prevention, Control and Countermeasures (SPCC) Plan for bulk storage tanks; Routine visual inspections of the structural integrity of all above-ground tanks and ancillary equipment that may be exposed to storm water; Oil bearing equipment in the switchyard is provided with secondary containment; Inspection of manufactured aggregate and fly ash hauling vehicles for proper load cover, gate seal, and overall integrity of the container body; Immediate cleaning of spills in ash loading areas; Draining fluids from equipment prior to storage at the scrap yard; Use of covered dumpsters in good condition for waste storage prior to pickup; Regular sweeping, cleaning and maintenance of all swales / drainage channels and impervious areas where particulate matter, dust or debris may accumulate e.g. loading and unloading and vehicle traffic areas. Removal of vegetative material from concrete swales and ditches once landscape maintenance is completed.

Maintenance

AES-PR has a preventive maintenance program that includes all mechanical equipment and storm water management devices at the facility.

Some of the elements included in the program are: Identification of equipment, systems and facility areas that must be inspected; Schedule for periodic inspections; Maintenance of complete records; Work-order generation to track and fix equipment problems; Inspection and maintenance (repair and cleaning) of storm water management devices (e.g. dock, PVC drain header and sediment trap) to ensure that solids are intercepted and retained prior to discharge; Inspection and testing of facility equipment and systems to uncover conditions that could cause breakdowns or failures, resulting in discharge of pollutants to storm water; Inspection and replacement of storm water catch basin filters; Maintenance of facility equipment and systems; and Visual inspection of areas.

All BMPs identified in this SWPPP will be maintained in effective operating condition.

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2). *

The following inspection schedule and procedures will be followed:

- All inspections must be conducted by qualified personnel with at least one member of the SWPPT participating in the inspection and documented
- Routine facility inspections will be performed quarterly, during periods when the facility is in operation, by qualified personnel and at least one member of the SWPPT and documented
- At least once each calendar year, the routine facility inspection must be conducted during a period when a storm water discharge is occurring.
- Visual assessments will be performed quarterly i.e. four times a year or every three months. The quarterly visual assessment periods are January 1-March 31; April 1-June 30; July 1-September 30; October 1-December 31.

- Visual assessment samples must be from each outfall during the first 30 minutes of discharge, collected in a clean, clear glass, or plastic container and examined in a well-lit area.

The following schedule for good housekeeping and maintenance will be followed:

- Remove sediment and gravel accumulation at storm water concrete channels around power generation area minimum on a monthly basis.
- Housekeeping to all power generation area and maintained clean from ash, limestone, hydrated lime and other materials on a weekly basis.
- Maintenance of concrete channels, grating, wheel washer and truck washing station at the coal combustion products area on a weekly basis, including replace gravel and remove gravel to maintain it operational.
- Daily use of the dust suppression system from Agremax pile.
- Daily use of mechanical street sweeper to remove sediment and silt from road and ditches.
- Replace catch basin inlet protection on a monthly basis.
- Daily use of water truck to wet paved street to avoid fugitive dust.
- Quarterly maintenance of the sediment trap, concrete channels and silt fence around the coal pile storage area.
- Provide water suppression and cleaning at the dock area in every coal transfer.
- Quarterly storm water sampling equipment components verification and maintenance as needed.
- Provide off site concrete channel cleaning after landscaping maintenance.
- Daily maintain waste container with roll up cover.
- All sludge containers should be maintained inside secondary containment.

E: Endangered Species Protection

1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit? *

Criterion C – Discharges and discharge-related activities are not likely to adversely affect listed species and critical habitat

2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services). *

Implementation of controls approved by EPA.

- a. What federally-listed species or federally-designated critical habitat are located in your "action area." *

Puerto Rican Broad-winged Hawk, Puerto Rican Plain Pigeon, Puerto Rican Sharp-shinned Hawk, Yellow-shouldered Blackbird.
Palo de Jazmin, Uvillo.
West Indian Manatee
Hawksbill Sea Turtle, Leatherback Sea Turtle, Puerto Rican Boa
Elkhorn Coral Critical Habitat
Staghorn Coral Critical Habitat

- b. Using the Criterion C Eligibility Form, check which of the following is applicable to your facility and answer any corresponding questions. *

☐ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any controls that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will have no likely adverse effects on listed species and critical habitat.

☒ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional controls necessary to ensure no likely adverse effects on listed species and critical habitat.

Date your Criterion C Eligibility Form was sent to EPA (in DD/MM/YYYY format) *

21 Jul 2015

* Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your discharges have no likely adverse effects on listed species and critical habitat.

F: Historic Preservation

1. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? *

☐ Yes ☒ No

2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit *

Criterion A - No subsurface stormwater controls

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 40 CFR 122.22 (d)

Certifier E-Mail *

manuel.mata@aes.com

Form Action *

Approve